

(PLEASE PRINT CLEARLY)

| DBA/Trade Name |
|----------------|
| |

2. TAX IDENTIFICATION NUMBER(S): *(Complete applicable ID numbers)*

| | | |
|-------------------------------|---|---|
| SOCIAL SECURITY #(SSN) | - | - |
|-------------------------------|---|---|

3. APPLICANT IS A/AN: (CHECK ONLY ONE BOX)

- ☐ CORPORATION
 ☐ S CORPORATION
 ☐ TAX EXEMPT ORGANIZATION
☐ INDIVIDUAL
 ☐ PARTNERSHIP
 ☐ ESTATE
 ☐ TRUST
☐ LIMITED LIABILITY COMPANY
 ☐ LIMITED LIABILITY PARTNERSHIP
☐ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN

4. THE TAX CLEARANCE IS REQUIRED FOR:

- ☐ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII *
 ☐ LIQUOR LICENSE *
- ☐ REAL ESTATE LICENSE
 ☐ CONTRACTOR LICENSE
 ☐ BULK SALES
- ☐ FINANCIAL CLOSING
 ☐ PROGRESS PAYMENT
 ☐ PERSONAL
- ☐ HAWAII STATE RESIDENCY
 ☐ FEDERAL CONTRACT
 ☐ LOAN
- ☐ SUBCONTRACT
 ☐ OTHER

*** IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.**

5. NO. OF CERTIFIED COPIES REQUESTED:

6. SIGNATURE:

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

()
FAX

POWER OF ATTORNEY. If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. **If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required.** Applications submitted without proper authorization will be sent to the address of record with the taxing authority. **UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.

SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS. Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

| | | |
|--|--|--|
| FOR OFFICE USE ONLY | | |
| BUSINESS START DATE IN HAWAII IF APPLICABLE / / | | |
| HAWAII RETURNS FILED IF APPLICABLE 20____ 20____ 20____ ____ | | |
| STATE APPROVAL STAMP This is not an approved certificate unless the State approval stamp appears here. | | |
| *IRS APPROVAL STAMP | | |
| CERTIFIED COPY STAMP | | |

- 7. CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment
For completion/final payment of contract, please provide the name and telephone number of the contact person at the State or County Agency.
Name: _____ Telephone Number: _____
- 8. LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
- 9. CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal
- 10. STATE RESIDENCY:** DATE APPLICANT ARRIVED IN HAWAII _____
- 11. ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending _____
(MM/DD)
- 12. TAX EXEMPT ORGANIZATION:**
A) Provide the Internal Revenue Code Section that applies to your exemption. _____
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO
- 13. CORPORATION:** Parent's Corporation Name _____ FEIN _____
- 14. INDIVIDUAL:** Spouse's Name _____ SSN _____
- 15. IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:**
A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO
B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO
C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO
- 16. FILING THE APPLICATION FOR TAX CLEARANCE:**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation. Allow up to 10 to 15 business days for processing between the Department of Taxation and the Internal Revenue Service.

State Dept. of Taxation
TAXPAYER SERVICES BRANCH
P.O. BOX 259
HONOLULU, HI 96809-0259
TELEPHONE NO.: 808-587-4242
TOLL FREE: 1-800-222-3229
FAX NO.: 808-587-1488
or
830 PUNCHBOWL STREET, RM 124
HONOLULU, HI 96813-5094

Internal Revenue Service
WAGE & INVESTMENT DIVISION
-TC M/S H214
FIELD ASSISTANCE GROUP 562
300 ALA MOANA BLVD., #50089
HONOLULU, HI 96850
TELEPHONE NO.: 808-539-1555
FAX NO.: 808-539-1573
or
TAXPAYER ASSISTANCE CENTER
HONOLULU:
300 ALA MOANA BLVD., RM 1-128

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms By Fax/Mail request line on Oahu at 808-587-7572 or toll-free at 1-800-222-7572. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website (www.hawaii.gov/tax).

----- FOR OFFICE USE ONLY -----

| TYPE OF TAX | TAX RETURNS FILED STATUS | Clerk's Initials | ITEMS RECEIVED |
|----------------------------|--------------------------|------------------|----------------|
| INCOME | | | |
| GENERAL EXCISE/USE | | | |
| HAWAII WITHHOLDING | | | |
| TRANSIENT ACCOMMODATIONS | | | |
| RENTAL MOTOR /TOUR VEHICLE | | | |
| UNEMPLOYMENT INSURANCE | | | |
| OTHER TAXES | | | |